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| School: <<<<< Insert School Name here before printing >>>>>. |
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| Students Name (in Full): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Religion:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Telephone** | **Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**PARENTAL CONSENT**

* I am aware of the nature and scope of activities included in the program.
* I have read the 'student responsibilities' section of the 'information to parents' sheet and agree to delegate my authority to the teachers involved.
* I realise that if my child demonstrates by their behavior that they do not meet the 'student responsibilities' (as outlined in the “information to parents” sheet) or are unwilling to accept them, they are a danger to themselves, other participants and the success of the program. Should my child refuse to abide by these responsibilities I shall be contacted. I understand my child may be returned to school or home and I am responsible for their transportation from Kinchant OEC.
* I understand that programs conducted at Kinchant OEC involve a high level of physical activity and are conducted predominantly out of doors.
* I understand that it is a 30 minute drive to Kinchant OEC from the nearest ambulance, doctor or hospital and in some instances, the response time for medical attention may exceed 2 hours.
* I authorise the Principal or his representative to obtain such medical attention and transportation to medical attention as may be deemed necessary and I understand that I am responsible should any costs be incurred.
* I have advised the school's program co-ordinator, in writing, of any special dietary needs for my child.
* I have completed the attached medical details and clearly outlined current medical information for my child.
* I give consent for my child to participate in the program.
* I understand that Kinchant OEC is an Department of Education Queensland School and, if I have signed a *Consent Form to use copyright material, image, recording, name or personal information* for my child at my school, I grant consent for Kinchant OEC use the individual’s image and copyright material including their written work or video or sound recordings for public relations, promotion, advertising, media and commercial activities

**Privacy Notice:** Kinchant OEC is collecting information on these forms in accordance with Education Queensland Policies for the purpose of ensuring the health and wellbeing of individuals attending programs at the centre. These forms will be retained and held securely and will be disposed of when they are no longer required. Some or all of this information may be disclosed to Kinchant OEC staff, school staff and volunteers, Qld Emergency Services Officers, Medical and Health Care Practitioners as deemed necessary. Personal information on this form may be disclosed where authorised or required by law.

**For further information about DOE Privacy please contact Kinchant OEC or your school.**

**PARENT / GUARDIAN'S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_